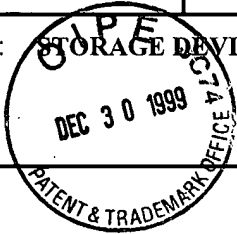
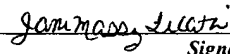
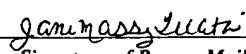


Gp3728

<b>AMENDMENT TRANSMITTAL LETTER (Large Entity)</b>				Docket No. <b>FLA-0010</b>	
Applicant(s): <b>Andreas Fellingner</b>					
Serial No. <b>09/308,408</b>	Filing Date <b>June 28, 1999</b>	Examiner <b>N. Lam</b>	Group Art Unit <b>3728</b>		
Invention: <b>STORAGE DEVICE FOR MEDICAL SWABS</b>					
 <b>TO THE ASSISTANT COMMISSIONER FOR PATENTS:</b>					
Transmitted herewith is an amendment in the above-identified application.					
The fee has been calculated and is transmitted as shown below.					
<b>CLAIMS AS AMENDED</b>					
	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST # PREV. PAID FOR	NUMBER EXTRA CLAIMS PRESENT	RATE	ADDITIONAL FEE
TOTAL CLAIMS	2 -	20 =	0 x	\$18.00	\$0.00
INDEP. CLAIMS	1 -	3 =	0 x	\$78.00	\$0.00
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					\$0.00
<b>TOTAL ADDITIONAL FEE FOR THIS AMENDMENT</b>					<b>\$0.00</b>
<div style="display: flex; justify-content: space-between;"> <div> <input checked="" type="checkbox"/> No additional fee is required for amendment.  <input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of _____            A duplicate copy of this sheet is enclosed.  <input type="checkbox"/> A check in the amount of _____ to cover the filing fee is enclosed.  <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. <b>12-1086</b>            A duplicate copy of this sheet is enclosed.  <input checked="" type="checkbox"/> Any additional filing fees required under 37 C.F.R. 1.16.  <input checked="" type="checkbox"/> Any patent application processing fees under 37 CFR 1.17.         </div> <div style="writing-mode: vertical-rl; transform: rotate(180deg); border: 1px solid black; padding: 5px;">           RECEIVED JAN - 6 2000 TC 3700 MAIL ROOM         </div> </div>					
 _____ Signature			Dated: <b>December 27, 1999</b>		
<b>Jane Massey Licata</b> <b>Reg. No. 32,257</b> <b>Law Offices of Jane Massey Licata</b> <b>66 E. Main Street</b> <b>Marlton, NJ 08053</b> <b>Tel: 856-810-1515</b> <b>Fax: 856-810-1454</b>			<div style="border: 1px solid black; padding: 5px;">           I certify that this document and fee is being deposited on <b>Dec. 27, 1999</b> with the U.S. Postal Service as first class mail under 37 C.F.R. 1.8 and is addressed to the Assistant Commissioner for Patents, Washington, D.C. 20231.               _____            Signature of Person Mailing Correspondence   <b>Jane Massey Licata</b>            _____            Typed or Printed Name of Person Mailing Correspondence         </div>		
CC:					

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Attorney Docket: FLA-0010  
Inventors: Andreas Fellingner  
Serial No.: 09/308,408  
Filing Date: June 28, 1999  
Examiner: Lam, N.  
Group Art Unit: 3728  
Title: Storage Device for Medical Swabs



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I, Jane Massey Licata, Registration No. 32,257, certify that this correspondence is being deposited with the U.S. Postal Service as First Class mail in an envelope addressed to the Assistant Commissioner for Patents, Washington, D.C. 20231.

On this date: December 27, 1999

Jane Massey Licata  
Jane Massey Licata, Registration No. 32,257

Assistant Commissioner for Patents  
Washington, D.C. 20231

Dear Sir:

Reply under 37 C.F.R. § 1.111

This is a reply to the Office Action dated September 28, 1999 setting a three (3) month statutory period for response. Please enter the following amendments and remarks into the record.

In the Claims:

Please delete claims 8-15.

Please add the following new claims:

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TC 3700 MAIL ROOM